

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial)

HAROLD D. ATKINSON

A.

Mailing Address 15510 TALON RIDGE CV

City

HUNTERTOWN

State

IN

Zip Code

46748-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIMA ROAD DENTISTRY

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11.5220

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL AXEL

B.

Mailing Address P.O. BOX 247

City

KENDALLVILLE

State

IN

Zip Code

46755-0247

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMI INVESTMENT MANAGEMENT

Occupation

INVESTMENT ADVISOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : SA11.5207

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT B. BARBER

C.

Mailing Address 9438 E. 82ND ST.

City

INDIANAPOLIS

State

IN

Zip Code

46256-

FEC ID number of contributing
federal political committee.

C

Name of Employer

MED EXPRESS

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11.5394

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00